

614600

CLAIMS ONLY						Application Number	Filing Date			
						00- <del>614600</del> 614600				
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
Indep		Depend		Indep		Indep				
1				10						
2										
3				1						
4										
5										
6										
7										
8				8						
9										
10				10						
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23				1						
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39										
40										
41				1						
42										
43										
44										
45										
46										
47										
48										
49										
50										
Total Indep										
Total Depend										
Total Claims										

10 10  
50 50  
60 60